

New License ()

Transfer of License ()

APPLICATION FOR COMMON VICTUALLER LICENSEBusiness Will Operated As:

Corporation () Individual () Partnership () LLC(Limited Liability Company) ()

Section 1**Corporation Name:****FID No.:****Business Name (d/b/a):****Address of Premises:****Zip code:****Manager of Record:****Phone No. of Premises:****Hours of Operation:****Section 2****Person who can be contacted regarding this Application:****Name:****Address:****Phone Number:****Section 3****Give a full and complete description of the premises to be licensed, including location of all entrances and exits:****Seating Capacity:** _____**Occupancy Number:** _____**Section 4**

List the titles of all officers and put an * beside the directors

Title	Full Name	Home Address	DOB	SS#

Attach a copy of the vote by the Board of Directors.**Section 5**

If applicant is an LLC please provide names of all the Managers.

Title	Full Name	Home Address	D.O.B.	S.S. #	Phone #

Section 6

Will there be any major remodeling, redecorating or building on the premises in preparation for issuance of this license? Yes () No () (if yes, complete questions listed below)

Give an exact description of the construction, remodeling, redecorating of the premises: _____

What are the estimated costs?

When will premises be ready for opening?

Section 7

Do you own the premises to be licensed? Yes _____ No _____
(If no, provide the following information for the landlord)

Name: _____ Phone Number: _____

Address: _____

If a lease or rental, provide the following information: \$ _____ per _____
(month, year, etc.)

Beginning date of lease _____ Ending date of lease _____

(provide a copy of the lease)

Section 8**Financial**

Total Purchase Price: \$ _____

Section 9

Have the following departments been contacted regarding this application?

Newton Inspectional Services Department:	yes ()	no ()
Newton Health Department:	yes ()	no ()
Newton Fire Prevention Bureau:	yes ()	no ()

Ownership Interests**Section 10**

State the following information for all persons or entities who will have any direct or indirect beneficial or financial interest in this license, as required by Chapter 140.

Full Name	Home Address	D.O.B.	S.S.#	Phone #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Section 11

Describe all types of beneficial or financial interest each person or entity will have in this license

Person or Entity	Beneficial or Financial Interest
_____	_____
_____	_____
_____	_____
_____	_____

Does any person or entity listed above have any direct or indirect beneficial or financial interest in any other type of license granted under Chapter 140? Yes () No () (if yes, provide the following for each person or entity)

Name	Type of License	License Address	Description of Interest

Has any person or entity named above ever held a license issued under Chapter 140 which is not presently held? Yes () No () (if yes, provide the following for each person or entity)

Name	Type of License	License Address	Date Ownership Surrendered

Has any person or entity named above ever had a license suspended, revoked, or cancelled? Yes () No () (if yes, provide the following information.)

Date	License Name and Reason Why the License was Suspended, Revoked or Cancelled

Has any person or entity named above ever been convicted of violating state or federal laws? Yes () No () (if yes, attach a statement of details.)

All Applications must be signed as listed below:

- Each individual applicant must sign.
- Applications by a partnership must be signed by a majority of the partners.
- Applications by corporations must be signed by an officer authorized by a vote of the Board of Directors.
- Applications by an LLC must be signed by all managing members.

False information or failure to disclose are reasons to revoke a license or deny a license application

Signed and subscribed to under the penalty of perjury, this _____ day of _____, 20__.

By: Signature of Full Name

Title